

# RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

## CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 3.26.18
2. **Name of Agency making the Request:** Campaign Group
3. **Address of Agency making the Request:** 1600 Locust Street  
Philadelphia, PA 19103
4. **Name of Agency Contact making the Request:** Lisa Cabanel
5. **Telephone Number of Agency Contact making the Request:** 215.732.8200
6. **Name of Candidate:** Jared Polis
7. **Name of Candidate's Authorized Committee:** Polis for Colorado
8. **Name of Treasurer of Candidate's Committee:** Sally Chafee
9. **Legally-Qualified Candidate for the Office of:** Governor  
**In the State/District/City/other of:** Colorado
10. **Election:**  

PRIMARY ELECTION	<input checked="" type="checkbox"/>	Democrat	<input checked="" type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
GENERAL ELECTION	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
CAUCUS	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
11. **Request to Purchase Time:** ☒ ACCEPTED BY SYSTEM ☐ REJECTED BY SYSTEM
12. **Reason for Rejection:**  

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13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

**Signed:** Amanda Pfaltzgraff  
Signature of Individual Receiving Request

**Date:** 4/10/18